NEBRASKA
DEPARTMENT OF LABOR

Amusement Ride Route Listing Form

Submit form to: 1313 Farnam, Room 233G – Omaha, NE 68102
(402) 595-3184 – Fax (402) 595-1360
ndol.amusementrides@nebraska.gov

Company Name: _____
Address: _____ City, State, Zip: _____
Owner: _____ Phone: _____ Email: _____
Contact Person: _____ Phone: _____ Email: _____

Address of **FIRST** Site Location: _____
Date of Operation (m/d/yyyy): _____ To (m/d/yyyy): _____
Date of Arrival on Lot (m/d/yyyy): _____ Requested Inspection Date (m/d/yyyy): _____

List all Nebraska show locations in date order, earliest first.

Event Name	Date of Arrival	Date of Departure	City and Zip	Event Organizer Name	Event Organizer Phone Number

Use additional sheets as necessary and attach hereto.

NOTE: Reverse Bungee is not permitted in Nebraska

Proof of Liability Insurance - If an event provides insurance for an event, then each ride covered under the event organizer's insurance must be reinspected and permitted by a State of Nebraska amusement ride inspector. Indicate this above by using an asterisk (*) next to the Event Name.

I certify the information provided is correct.

Printed Name and Title _____ Signature _____ Date _____